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34456 7590 01/10/2007

**LARSON NEWMAN ABEL POLANSKY & WHITE, LLP**  
**5914 WEST COURTYARD DRIVE**  
**SUITE 200**  
**AUSTIN, TX 78730**

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO
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10/697,591 10/30/2003 Richard Holzmann TMS-0002 8315

**TITLE OF INVENTION:** SYSTEM AND METHOD FOR WRITING DATA FROM A STORAGE MEANS TO A MEMORY MODULE IN A SOLID STATE DISK SYSTEM

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	04/10/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, VINCENT HUY	2115	713-001000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed
- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Texas Memory Systems, Inc. Houston, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3797 (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status See 37 CFR 1.27 ☐ b. Applicant is no longer claiming SMALL ENTITY status See 37 CFR 1.27(g)(2)

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Authorized Signature /Adam D. Sheehan/

Date April 3, 2007

Typed or printed name Adam D. Sheehan

Registration No 42,146

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